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CONFIRMATION NO. 9065

<b>SERIAL NUMBER</b> 09/465,592	<b>FILING OR 371(c) DATE</b> 12/17/1999 <b>RULE</b>	<b>CLASS</b> 369	<b>GROUP ART UNIT</b> 2627	<b>ATTORNEY DOCKET NO.</b> LAZE-01000US
<b>APPLICANTS</b> JOANNE P. CULVER, OAKLAND, CA, Deceased; THOMAS F. RUST, OAKLAND, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/112,787 12/18/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/17/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>ec</i> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 58	<b>TOTAL CLAIMS</b> 60
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 23910				
<b>TITLE</b> MOLECULAR MEMORY MEDIUM AND MOLECULAR MEMORY INTEGRATED CIRCUIT				
<b>FILING FEE RECEIVED</b> 1705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	